DEPARTMENT OF HOMELAND SECURITY

UNITED STATES CUSTOMS AND BORDER PROTECTION PROCESS RECEIPT AND RETURN

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or De Toyota Motor Credit Corporation, Legal Unit, I Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: (X) Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM	P.O. Box 10 y, NDNY	Number of Processes to be Served Number of Parties to Served Check box if service is on USA alternate addresses, telephone numbers and estimated times available for
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM	P.O. Box 10 y, NDNY	Number of Processes to be Served Number of Parties to Served Check box if service is on USA alternate addresses, telephone numbers and estimated times available for
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM I acknowledge receipt for the total District of Origin District to Serve Signature	y, NDNY	Number of Processes to be Served Number of Parties to Served Check box if service is on USA alternate addresses, telephone numbers and estimated times available for
GLENN T. SUDDABY, United States Attorney 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM 1 acknowledge receipt for the total District of Origin District to Serve Signature	les business and alt	Number of Parties to Served Check box if service is on USA alternate addresses, telephone numbers and estimated times available for
218 James T. Foley Courthouse 445 Broadway Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM I acknowledge receipt for the total District of Origin District to Serve Signature	les business and alt	Check box if service is on USA alternate addresses, telephone numbers and estimated times available for
Albany, New York 12207 Special Instructions or Other Information that will assist in expediting service (includ Service: Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM 1 acknowledge receipt for the total District of Origin District to Serve Signature		alternate addresses, telephone numbers and estimated times available fo
Please serve the following: A certified copy of the Prel and Forfeiture (For HUA 888) Signature of Attorney or other Originator requesting service on behalf of: Thomas A. Capezza, AUSA Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF DEPARTM I acknowledge receipt for the total District of Origin District to Serve Signature		
SPACE BELOW FOR USE OF DEPARTM I acknowledge receipt for the total District of Origin District to Serve Signature)Plaintiff Defendant	Telephone No. Date 518-431-0247
, co in land a land	IENT OF H	HOMELAND SECURITY AGENCY
	• IVA	Dept. of Homeland Security Date 3.9.200
HEREBY CERTIFY AND RETURN THAT I() PERSONALLY SERVED. (X) HAVE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, I () I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE IN	ETC.,AT THE ADI	NCE OF SERVICE. () HAVE EKECUTED AS SHOWN IN 'REMARKS DDRESS SHOWN ABOVE OR ON THE ADDRESSINSERTED BELOW
Name and Title of individual served if not shown above. () A person of suitable age	and discretion then	nen residing in the defendant's usual place of abode.
	ate of Service	Time of Service () a.m. () p.m. Dept. of Homeland Security Agency
319	snature, ritte and De	A FP&FC

Process was served by certified mail on 3.20.2006 as evidenced by the attached copy of the return receipt.

	CTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is d Print your name and address or so that we can return the card t Attach this card to the back of t	lesired. In the reverse to you.	A. Signature X Agen Addn B. Raceived by Printed Name) Agen Agen Addn
or on the front if space permits.		
1. Article Addressed to: Toyota Motor Credit Legal Unit P.O. Box 105386	/_ Www.1	It XESC enter delivery address below: XI No
	1	3. Service Type □ Certified Mall □ Express Mail □ Registered
	Sec.	☐ Insured Mail ☐ C.O.D.
	Seg.	4. Restricted Delivery? (Extra Fee)

					,				
15 8049	U.S. Postal S CERTIFIED (Domestic Mail O) MA nly; No	IL.	M RE	e Co	overage	Provi		
400	OFF	1 (0 1	A			3		
	Postage	\$			╛				
2000	Certified Fee								
<u>=</u>	Return Receipt Fee (Endorsement Required)					_ ·	Postmari Here	k	
2890	Restricted Delivery Fee (Endorsement Required)								
	Total Postage & Fees	\$				1			
7004	Sent Toyota	Mot	or	Cred	lit	Corr			
7.	Street Act No. gal Unit or PO Box Nep. 0. Box 105386 City, State, ZP141anta, GA 30348								
	PS Form 3800, June 200	2				See Reve	rse for	Instructions	